

Testimony Submitted in Support of Raised Bill # 5433

AN ACT CREATING A PROCEDURE FOR PERSONAL CARE ATTENDANTS TO  
COLLECTIVELY BARGAIN WITH THE STATE.

To provide a process for personal care attendants to collectively bargain with the state via the  
Personal Care Attendant Quality Home Care Workforce Council.

Abigail Solomon, Home Care Coordinator, Service Employees' International Union

Hello, my name is Abby Solomon and I work for the Service Employees' International Union. Our union represents more than 500,000 home and personal care attendants across the country.

SEIU enthusiastically supports House Bill 5433 that will allow Personal Care Attendants and home care workers who receive their pay from the state to unite in a union and to collectively bargain. We are submitting some suggested language changes that are necessary to make the bill conform to the recommendations of the Governor's working group. Dan Livingston will be addressing those changes when he testifies later today.

Thank you for the opportunity to be here today and share with you some of my experience working with unionized home care workers nationally and in other states.

As a union, our approach has been to work together with stakeholders in states to develop a model of service delivery that is centered on four core principles:

1. Maximizing choices of individuals wishing to live independently at home and in the community
2. Creating quality jobs that meet the growing demand for services and contribute to the economy
3. Building a pool of workers that are ready, willing, and able to work in this growing industry
4. Investing in cost-effective programs and services that include safeguards to ensure dependable, quality services, that our communities can rely on

We know that in order to have a successful program, consumers need to be confident that the services will be there when they need them. This means having workers that are available, dependable, and ready to work. High turnover is problem when personal care attendants don't have access to any benefits like health care if they get sick, back-up in the event of an emergency, or opportunities to enhance their skills and grow within their work.

We also know that many consumer-employers would love to provide health insurance and other benefits to their workers, but do not have the ability to provide this type of benefit on their own. And, while consumer-employers are able to train and direct workers to meet their individual needs, they may not be expert trainers on all topics such as lifting techniques that minimize physical injuries to the home care worker, CPR, or other training that could enhance the experience of both parties and provide necessary health and safety precautions. Lastly, even consumer-employers with the best of intentions may not be able to adequately explain paper work, regulations, taxes, and other information that workers need to comply with regulations and prevent issues down the line such as inaccurate payments.

These are issues that are best addressed collectively in conjunction with consumer-employers. As a payor and steward of taxpayer dollars, the state of Connecticut has a vested interest in ensuring that quality services are delivered effectively and consistently across programs.

Six states (CA, OR, WA, IL, MI, & MA) have already established collective bargaining rights as an effective way to bring together workers, consumers, and state administrators across Medicaid waiver programs to improve jobs and services.

Workers and consumers in those states have seen a greater investment in Medicaid waiver programs in the form of increased access to services, higher wages and benefits, creation of registry and referral services, access to training and a voice on the job.

Here are a few examples:

**Wages** – In all six states, wages have been raised as a result of collective bargaining agreements. Average raises have varied based on unique circumstances in each state including the cost-of-living, wage standards prior to collective negotiation, and overall cost of other negotiated benefits. For example, in MA where rates had only been raised \$.73 in the 5 years prior to organizing, workers negotiated an average of a \$.50/year raise for the 3 years covered in their agreement. In Oregon, wages are significantly lower than in Connecticut, but they are balanced out by fully-paid health care benefits and a lower cost of living.

**Health Insurance and Paid Time Off** - Washington, Oregon, Illinois and CA have found ways to offer affordable health care insurance and other benefits such as paid time off and/or holiday pay, increasing the pool of individuals wanting to do this work. These benefits also enable family members to do this work who might not have been able to do so otherwise.

**Paper Work & Payment Issues** - In Oregon, the union and the Oregon Home Care Commission have worked together to develop an orientation to the home care system for all workers entering the field. The orientation reviews and explains workers' rights and responsibilities, access to resources, and information on how to properly fill out for paperwork – which has dramatically reduced payment problems.

The Michigan Quality Community Care Council and the Union worked together to reduce problems with unemployment claims, saving the state \$1.1 million over 4 years.

**Registries and Referral Services** - In Michigan, the registry and referral service established and run by the Michigan Quality Community Care Council offers background checks and lists workers based on years of experience in the field.

In Oregon, the registry matches consumer-employers with workers based on preferences such as dates/times that people are willing to work, whether they can work around pets, and if they have received any specialty training that a consumer might be interested in (for example, using ventilators).

In addition, individuals in need of personal care services, regardless of whether or not they qualify for Medicaid funding, are able to use the registry and referral services established through the Oregon Home Care Commission to find a PCA who is willing to work in the private pay market.

**Training & Workforce Development** - In Illinois, the union negotiated money to start a training fund that they are using to work in collaboration with Centers for Independent Living to provide voluntary training to workers on everything from "keeping it professional" to "preventing sprains and strains."

SEIU in Massachusetts negotiated dollars to start a training fund in 2012.

In Oregon, in addition to providing training for workers, the Home Care Commission developed trainings in collaboration with the Centers for Independent Living for consumers on how to be effectively hire, fire, and direct workers.

Home Care Public Authorities throughout California offer an array of locally based training.

In Massachusetts, the union has worked together to enhance the skills and role of PCAs in the care setting for individuals who are dually eligible for Medicaid and Medicare and elect to participate in a pilot program designed to integrate care and reduce costs associated with chronic health issues.

In Washington, the union's training fund partners with community colleges, the state, and other stakeholders to deliver paid training, career ladder programs, and opportunities for workers to enhance their skills and wages through apprenticeship and mentorship programs.

**Innovations and Grants** - SEIU has collaborated with health care providers and workforce councils in four states to jointly apply for federal dollars to participate in integrated health care initiatives through the Centers for Medicaid and Medicare Innovations.

In Washington, SEIU collaborated with stakeholders to draw down federal ARRA dollars to recruit and train home care workers.

In Oregon, SEIU is a partner and sub-grantee in a \$3 million, multi-year, national grant from the National Institute on Occupational Safety and Health to conduct the first-ever study on violence in home-based work settings.

These are just a few of the many examples of how collective bargaining rights and workforce councils have led to program improvements. I would be happy to share more information about these and other improvement initiatives from unionized states now or following the hearing.

Thank you for your time.